



**ACCESS  
TO CARE**

Advance healthy communities

Preserve access to health care and coverage in South Dakota. While imperfect, the Affordable Care Act (ACA) provides coverage for more than 25,000 South Dakotans.

- Preserve coverage and access to care for vulnerable rural and frontier communities and assist in addressing workforce shortages.
- Protect the 340B Program and Medicare Part B Drug Payment Model and work to ensure access to these programs.
- Renew the Veterans Choice Program by removing impediments and improving the payment process and timelines.



**MEDICAID  
REFORM**

Strengthen the program

Explore Medicaid structural reforms, making these programs more sustainable while maintaining access to care, ensuring adequate payments and protecting individuals from excessive financial burdens.

- Support South Dakota's working poor and ensure they receive comparable benefits to those in Medicaid expansion states.
- Preserve Medicaid funding by basing reimbursement on the cost of providing services.
- Preserve funding for the Children's Health Insurance Program (CHIP) and mental health services to ensure access for these vulnerable populations.



**REGULATORY  
RELIEF**

Reduce the burden

The regulatory burden faced by hospitals is unnecessary and burdensome.

- Oppose physician supervision of hospital outpatient therapy.
- Hold Medicare Recovery Audit Contractors (RACs) accountable.
- Promote expanded Medicare payment for telehealth services.
- Preserve flexibility related to treatment spaces for outreach specialists who provide services at rural hospitals.
- Remove faulty hospital quality measures.
- Protect Medicaid Disproportionate Share Hospital (DSH) hospital payments and relief from the 96-hour rule.



## Please join us ...

... in supporting the following federal legislative priorities

### ACCESS

- Support Critical Access Hospitals (CAH) by removing the 96-hour physician certification requirement as a condition of payment.
- Promote Medicare structural reforms to make the program more sustainable while maintaining access to care.
- Ensure adequate payment for care and protect individuals from excessive financial burden, such as combining Medicare Parts A and B, limiting Medigap coverage, further means-testing Medicare premiums and raising the Medicare eligibility age.

### QUALITY

- Streamline, prioritize and simplify quality reporting to identify and align meaningful measures that matter.
- Support Indian Health Service accountability and transparency to ensure South Dakota's tribal communities have access to care. (S. 109)
- Suspend the flawed hospital star rating system as it provides inaccurate and misleading information.

### WORKFORCE

- Reject reductions in Medicare funding for medical education support programs.
- Promote telehealth, remote patient monitoring and similar technologies by removing barriers and expanding payments. (S. 787, S. 431)
- Support legislation that commits funding for critical workforce needs.
- Support protections for sports medicine professionals who provide services in a secondary state. (S. 808)

### PAYMENT

- Reject site neutral payments. Reductions would negatively impact South Dakota health care providers by \$463 million over 10 years.
- Support Medicare Rural Payment Extensions. (S. 872)
- Protect 340 B and Medicare Part B.
- Reject elimination of the CAH provider status, which would result in a negative impact to South Dakota of \$611 million over 10 years.

The South Dakota Association of Healthcare Organizations represents hospitals, health systems and post-acute care providers across the state. South Dakota's community hospitals and post-acute providers contribute more than \$5.1 billion to South Dakota's economic activity.